

June 6, 2009

Mr. Richard W. Bertelson III Staff Attorney Public Service Commission 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

RECEIVED

JUN - 8 2009

PUBLIC SERVICE COMMISSION

Re: Case No. 2008-0069

#### Dear Mr Bertelson:

Enclosed is a copy of the safety audits performed at Shelby Energy from May 1, 2009 thru May 31, 2009. This is done in accordance with Item 9 of the settlement agreement dated September 29, 2008.

If you have any questions or need further information please feel free to contact me at (502)643-2778 or by e-mail at jason@shelbyenergy.com.

Sincerely,

Jason Ginn

Safety & Loss Control

Coordinator

# **RIGHT OF WAY FIELD INSPECTION FORM**

| Inspector: //#V1D /MAR       | TIN   |   | Date:  | ) -3 -0 1                   |
|------------------------------|---|---|--|-----------------------------|
| Position: Ofwertions 1       | MANAGER   | Time: 10:30 Am                                |  |                             |
| Company: 5/4/k/by E.         | vergy_  | County: TRIM b (R  Location: MORTON'S R.DGRRD |  |                             |
| Address: 620 010 F.          | ,   |   |  |                             |
| 5 HAlbyu, 1 le, V            | <u> 4006</u>  | 5   | Name of  | Contractor Observed:        |
| Phone#: 502 433-45           | 120   |   | Ato  | G                           |
| Weather Conditions:          | INY   |   | Crew Me  | mbers:                      |
|                              |   |   | TONY   | Clark                       |
| Job Description: ( Litting ) | DW  |   | Ron  |                             |
|                              | MARKET STREET, CONTROL OF THE STREET, |   | and the second s |                             |
| PPE Being Used               | Yes   | No  | N/A  | If NoCorrective Action Take |
| Hard hat                     |   |   |  |                             |
| Safety glasses               | V   |   |  |                             |
| Fall protection/harness      |   |   |  |                             |
| Harness Attached to Boom     |   |   |  |                             |
| Ear Plugs/ Ear Muffs         |   |   |  |                             |
| Chaps                        | 1   |   |  |                             |
| Gloves                       |   |   |  |                             |
|                              |   |   |  |                             |
| Work Area Protection         | Yes   | No  | N/A  | If NoCorrective Action Take |
| Appropriate work signs       |   |   |  |                             |
| Flagman required/used        |   |   |  |                             |

Flag person properly equipped

Traffic cones in place Trucks Grounded Truck Chocks Used

| Miscelaneous Observations  | Yes                                     | No   | N/A  | If NoCorrective Action Take  |
|--|---|--|--|--|
| Shelby Energy Decals   | V                                       |  |  |  |
| In Place   |   |  |  |  |
|  | 22.4.4.4.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2. |  |  |  |
| Public Hazards Present   |   |  | \ \ \  |  |
| Gaff Guards on Hooks   |   |  |  |  |
| Manual Adaptation (In the Control of Control |   |  |  | - TOTAL ALL CONTROL OF THE CONTROL O |
|  | 3001                                    | -  |  |  |
| Notes/Comments:  |   | The state of the s | ocki menomenok militak distiliki bili menok 1979   |  |
| All EmployEE U   | NSRKU                                   | ws 54  | -FRly -  | BILL PRE IN USE  |
|  |   |  |  |  |
| Job Site Findings Discussed  |   |  | _  | NO   |
| Corrective Actions Needed:   | Yes                                     | No   |  |  |
| If Corrective Actions Taken E  | Explain In                              | Detail:  | <del>an a can</del> ang kanang kacamatak menang kanang kana |  |
|  |   |  |  |  |
|  |   | 1//  |  |  |
| Line Supervisor's Signature:   | 1-1                                     |  |  |  |
| Inspector's Signature:   | Jav                                     | is of  | Mar  | tu   |
|  |   |  | 1/5  |  |
| Safety & Loss Control Coord  | inator Si                               | gnature:   |  |  |
|  |   |  |  |  |



# RIGHT OF WAY FIELD INSPECTION FORM

| Inspector: DAVID MA                    | RTIN   |      | Date:             | 5-4-09   |
|--|--------|------|-------------------|--|
| Position: OPERATIONS                   | MonAst | 3P   | Time:             | 1:30   |
| Company: SHR/by EN                     | ERGY   |      | County:           | Henry  |
| Address: 620 015 Fix                   | . /    | CRT. | Location          | 1: Vance Rd  |
| SHAlbyrilla, Ky 4.                     | 0065   |      | Name of           | Contractor Observed:   |
| Phone#: 633-4420                       |        |      | Rob               | INSON Tree Serv  |
| Weather Conditions: <u>Clou</u>        | 2 Dig  |      | Crew Me           | embers:  |
|  |        |      | Alu               | A Robinson   |
| Job Description: Termi                 | n 3    | -    |                   | D Doss   |
| TRAK                                   | ,<br>  |      | 49 C-14 (10 E-14) | A A CONTROL CONTROL OF THE CONTROL O |
| PPE Being Used                         | Yes    | No   | N/A               | If NoCorrective Action Taken   |
| Hard hat                               | 1      |      |                   |  |
| Safety glasses                         | V      |      |                   |  |
| Fall protection/harness                | V      |      |                   |  |
| Harness Attached to Boom               | V      |      |                   |  |
| Ear Plugs/ Ear Muffs                   | V      |      |                   |  |
| Chaps                                  | V      |      |                   |  |
| Gloves                                 |        |      |                   |  |
|  |        |      |                   |  |
| Work Area Protection                   | Yes    | No   | N/A               | If NoCorrective Action Taken   |
| Appropriate work signs                 |        |      | V                 |  |
| Flagman required/used                  |        |      | V                 |  |
| Flag person properly equipped          | d      |      | V                 |  |
| Traffic cones in place                 |        |      |                   |  |
| Trucks Grounded                        |        |      |                   |  |
| Truck Chocks Used                      |        |      |                   |  |
|  |        | 1    |                   |  |
| ************************************** |        |      |                   |  |

| Miscelaneous Observations                           | Yes               | No   | N/A                                     | If NoCorrective Action Taken   |
|---|-------------------|--|---|--|
| Shelby Energy Decals                                | <i>i</i> /        |  |   |  |
| In Place  |                   |  |   |  |
|   |                   |  |   |  |
| Public Hazards Present                              |                   |  |   |  |
| Gaff Guards on Hooks                                |                   | ***************************************  |   |  |
| 0   |                   |  |   |  |
|   |                   |  |   |  |
| Notes/Comments:                                     |                   |  |   |  |
|   |                   |  |   |  |
|   | - "               |  |   |  |
|   | -                 |  |   | TO THE RESIDENCE OF THE SECOND |
|   |                   |  |   |  |
|   |                   | and the second s |   |  |
|   |                   |  |   |  |
|   |                   |  | ******                                  | SCOCIO DIVINI STARI MODINI OTA ANNO ANNO ANNO ANNO ANNO ANNO ANNO  |
|   |                   |  |   |  |
|   |                   |  |   |  |
|   |                   |  |   |  |
| Job Site Findings Discussed                         | With Crev         | w: YES   |   | NO   |
|   |                   |  | *************************************** | WHO THE CONTRACT HE CHARLES AND ADDRESS AN |
| Corrective Actions Needed:                          | Vac               | No   |   |  |
| Collective Actions Needed.                          | 1 29              | 140  |   |  |
| Is Commenting Applicant Tolerant                    | "                 | P> - 4 - !! -  |   |  |
| If Corrective Actions Taken E                       | xpiain in         | Detail:  |   |  |
|   |                   |  |   |  |
|   |                   |  | 2000                                    | VOICE - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975   |
|   |                   |  |   |  |
|   |                   |  | **************************************  |  |
|   |                   |  |   |  |
|   |                   |  |   |  |
|   |                   |  |   |  |
|   |                   | ,  | ), ·                                    | ~~   |
| Line Supervisor's Signature:                        | 1///              | 1 JAG  | L m                                     | 201 1  |
| Tile orberation a difficultation                    | IX SULU           | J/6,6  | J////                                   |  |
|   |                   |  |   |  |
|   |                   | 1  | ,                                       |  |
|   |                   | 101  | $ \leftarrow $                          |  |
| Inspector's Signature:                              | avirt             | 151/a  | the                                     |  |
| Inspector's Signature:                              | doving            | 15Ma   | And I                                   | <u> </u>   |
| Inspector's Signature:                              | Lovery            | ) Sil a  | A la                                    | 2  |
|   | Lovery inator Sig | <i>JS√</i> <sub>Q</sub>  | 1/0                                     | 2  |
|   | Loverf            | nature:  | A la                                    | 2  |
| Inspector's Signature:  Safety & Loss Control Coord | Loverf            | nature:  | 1/0                                     | 2  |



## **CONTRACTOR FIELD INSPECTION FORM**

| Inspector: DAVID MA   | RT, N     |             | Date:           | 5-6-09                       |
|---|-----------|-------------|-----------------|------------------------------|
| OPERATOR  | us 11 au  | Orani de la | Time:           | 2:30 P.M                     |
| Position:   | The Party | r)ar        |                 |                              |
|   |           |             | Location:       | HANRY<br>DOTTO LN            |
| Company: <u>SAR/b., E.</u><br>Address: <u>L&amp;O DID F</u> | UERAG     |             |                 |                              |
| Address: 120 PID En   | 10/4/1/18 | (P)         | Name of         | Contractor Observed:         |
|   |           | ,-,-        | realise of      | oontractor opserved.         |
| SHELLBYUILLE, Ky  | 40005     |             | Day             | 5 H. Elliott                 |
| Dhana # 620 / 22 //   | (/2 1     |             | _ DHO!          | 5 17. 12/110 13              |
| Phone #: <u>502 633-4</u>                                   | 920       |             | C 34            | - 1 2 1/2 5 1/2 5 1/2 C      |
|   |           |             | CLEM MIE        | mbers: Wally 5HOUSE          |
| Weather Conditions: <u> </u>                                | <u>vy</u> |             | ,+              | BURTON                       |
|   |           |             | JIM             | BURTON                       |
|   |           |             |                 |                              |
|   |           |             |                 |                              |
| Job Description: <u>CHang</u>                               | vez       |             |                 |                              |
| POIR  |           |             |                 |                              |
|   |           |             |                 |                              |
|   |           |             |                 |                              |
|   |           |             |                 | 1168                         |
| Energized Work Being Prefe                                  | rmed: YI  | =s //       | NO              |                              |
| Overhead Underg   |           | V           | oltage <u>7</u> | 2.00                         |
| Job Briefing  | Yes       | No          | N/A             |                              |
| Conducted before job & Signe                                | <u> </u>  |             |                 |                              |
| Job procedure covered                                       | V         |             |                 |                              |
| Energy control procedure                                    | V.        |             |                 |                              |
| PPE used  |           |             |                 |                              |
| Job hazards   | 1/        |             |                 |                              |
| Emergency procedures  | 1/        |             |                 |                              |
| Special precautions   |           |             |                 |                              |
| Work Area Protection  | Yes       | No          | N/A             | If NoCorrective Action Taken |
| Appropriate work signs                                      |           |             | V               |                              |
| Flagman required  |           |             | V               |                              |
| Flag person used  |           |             | V               |                              |
| Flag person properly equipped                               | <u></u>   |             | V               |                              |
| Traffic cones in place                                      | <u> </u>  |             | V               |                              |
| Trucks Grounded   | V         |             |                 |                              |
| Truck Chocks Used   | V         |             |                 |                              |
| Personal Protective Grounds                                 |           |             | ./              |                              |

| PPE Being Used   | Yes             | No                                      | N/A  | If NoCorrective Action Taken |
|--|-----------------|---|------|------------------------------|
| Hard hat   | <i></i>         | *************************************** |      |                              |
| Safety glasses   |                 |   |      |                              |
| Rubber gloves  | V               |   |      |                              |
| Rubber sleeves   | V               |   |      |                              |
| FR Clothing  | $\sim$          |   |      |                              |
| Fall protection  | V               |   |      |                              |
| Rubber Goods Inspections   | Yes             | No                                      | N/A  | If NoCorrective Action Taken |
| Gloves   | V               |   |      |                              |
| Sleeves  | V               |   |      |                              |
| Line hoses   | ~               |   |      |                              |
| Blankets   | i/              |   |      |                              |
| Miscelaneous Observations  | Yes             | No                                      | N/A  | If NoCorrective Action Taken |
| Shelby Energy Decals   | V               |   |      |                              |
| In Place   |                 |   |      |                              |
| Proper Clearances  | V               |   |      |                              |
| Rolling Grounds in Place   | ·               |   |      |                              |
| Public Hazards Present   |                 |   | V    |                              |
|  |                 |   |      |                              |
|  |                 |   |      |                              |
|  |                 |   |      |                              |
|  |                 |   |      |                              |
| Job Site Findings Discussed<br>Corrective Actions Needed:<br>If Corrective Actions Taken | Yes             | No                                      |      | NO                           |
| -  |                 |   |      |                              |
|  |                 |   |      |                              |
| Line Supervisor's Signature Inspector's Signature:                                       | : Wall<br>Davin | luce<br>I M                             | Show |                              |
| Safaty & Loss Control Coor   | dinator Sia     | natura                                  | ///  |                              |
| Safety & Loss Control Coord  | amator Sig      | mature:                                 |      |                              |
|  |                 |   |      |                              |



### **CO-OP CREW FIELD INSPECTION FORM**

| Inspector: R. Masse<br>Position: Safety Inst | <del>-/</del> |     | Date: 5                | 119/89<br>11500 am                          |
|--|---------------|-----|------------------------|---|
| Position: Safati T                           | Ar storm      |     | County:                | Henry                                       |
| Position: Safety 1237                        | ruegor        |     | Location               | Henry: Hwy 202                              |
| Company: KAFC                                |               |     | Crew Me                |   |
| Address:                                     |               |     |                        |   |
| Address:                                     |               |     | Ellie                  | ott - Contractor                            |
| Phone #: 502 523                             | 5407          |     |                        |   |
|  |               |     | Josh                   | Lakes                                       |
| Weather Conditions: 500                      | 124           |     |                        |   |
|  |               |     | Brian 6                | Bingham                                     |
|  |               |     |                        |   |
|  |               |     | Scot                   | 1 New                                       |
| Job Description:                             |               |     | //                     | Purtor                                      |
| Job Description:                             |               |     | Jim /                  | urtor                                       |
| 7 - 3  | -             |     |                        |   |
|  |               |     |                        |   |
|  | •             |     | _                      | 1158  |
| <b>Energized Work Being Pref</b>             | ormed: YE     | S_/ | NO                     | <i> 15 &amp;</i><br>_ Truck#'s_ <u>2044</u> |
|  |               | -   |                        |   |
| Overhead Under                               | ground        |     | /oltage $\overline{2}$ | 200   |
|  |               |     |                        |   |
| Job Briefing                                 | Yes           | No  | N/A                    | If NoCorrective Action Taker                |
| Conducted before job & Sign                  | ed /          |     |                        |   |
| Job procedure covered                        | V             |     |                        |   |
| Energy control procedure                     | /             |     |                        |   |
| PPE used                                     |               |     |                        |   |
| Job hazards                                  | V             |     |                        |   |
| Emergency procedures                         |               |     |                        |   |
| Special precautions                          |               |     |                        |   |
| Work Area Protection                         | Yes           | No  | N/A                    | If NoCorrective Action Taker                |
| Appropriate work signs                       |               |     | 1                      |   |
| Flagman required                             |               |     | 1                      |   |

Flag person used

Traffic cones in place Trucks Grounded Truck Chocks Used

Flag person properly equipped

Personal Protective Grounds

| PPE Being Used           | Yes | No | N/A      | If NoCorrective Action Taken |
|--------------------------|-----|----|----------|------------------------------|
| Hard hat                 | V   |    | <u> </u> |                              |
| Safety glasses           | 1/  |    |          |                              |
| Rubber gloves            | 1/  |    |          |                              |
| Rubber sleeves           | //  |    |          |                              |
| FR Clothing              | V   |    |          |                              |
| Fall protection          | V   |    |          |                              |
| Rubber Goods Inspections | Ýes | No | N/A      | If NoCorrective Action Taken |
| Gloves                   | ,   |    |          |                              |
| Sleeves                  |     |    | 1        |                              |
| Line hoses               |     |    | 1/       |                              |
| Blankets                 |     |    | 1//      |                              |

| Notes/Comments:                                |
|--|
|  |
|  |
|  |
|  |
|  |
| Job Site Findings Discussed With Crew: YES NO  |
| Corrective Actions Needed: Yes No              |
| If Corrective Actions Taken Explain In Detail: |
|  |
|  |
| Line Supervisor's Signature:                   |
|  |
| Inspector's Signature: Rill Manley             |
| Safety & Loss Control Coordinator Signature:   |
|  |





## **CO-OP CREW FIELD INSPECTION FORM**

| Inspector: Bill Mas                   |                                       |          | Date:  | 5-19-09<br>12:05             |  |
|---------------------------------------|---------------------------------------|----------|--|------------------------------|--|
| Position: Safety Ins                  | tructor                               | •        | County: Harry Trimble Location: Ailton 421 N |                              |  |
| Company: KAEC Address:                |                                       |          | Crew Me                                      | mbers:                       |  |
| Address:<br>                          | 5407                                  |          | Chip   | Bohannan                     |  |
| Weather Conditions: <u> </u>          | in y                                  |          | Denj   | i Konannan                   |  |
| Job Description: Insta<br>100 Seaving | <i>v</i> .                            |          |  |                              |  |
|                                       | ground                                | v        | oltage                                       |                              |  |
| Job Briefing                          | Yes                                   | No       | N/A  | If NoCorrective Action Taken |  |
| Conducted before job & Signe          | ed 📂                                  |          |  |                              |  |
| Job procedure covered                 |                                       |          |  |                              |  |
| Energy control procedure              |                                       |          |  |                              |  |
| PPE used                              | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |          |  |                              |  |
| Job hazards                           | 1                                     |          |  |                              |  |
| Emergency procedures                  |                                       |          |  |                              |  |
| Special precautions                   |                                       | 4.       |  |                              |  |
| Work Area Protection                  | Yes                                   | No       | N/A  | If NoCorrective Action Taken |  |
| Appropriate work signs                |                                       | <u> </u> |  |                              |  |
| Flagman required                      |                                       |          |  |                              |  |
| Flag person used                      | <u> </u>                              |          |  |                              |  |
| Flag person properly equippe          | <u>d</u>                              |          | 1  |                              |  |
| Traffic cones in place                |                                       |          | I P  |                              |  |
| Trucks Grounded                       |                                       |          |  |                              |  |
| Truck Chocks Used                     |                                       |          |  |                              |  |
|                                       |                                       |          |  |                              |  |

| PPE Being Used           | Yes      | No | N/A   | If NoCorrective Action Taken |
|--------------------------|----------|----|-------|------------------------------|
| Hard hat                 |          |    |       |                              |
| Safety glasses           |          |    |       |                              |
| Rubber gloves            |          |    | VA IN | Ť                            |
| Rubber sleeves           | 1        |    | Affi  |                              |
| FR Clothing              |          |    | 07    |                              |
| Fall protection          | 1/       |    |       |                              |
| Rubber Goods Inspections | Yes      | No | N/A   | If NoCorrective Action Taken |
| Gloves                   | <i>i</i> |    |       |                              |
| Sleeves                  |          |    |       |                              |
| Line hoses               |          |    |       |                              |
| Blankets                 |          |    | 1     |                              |

| Notes/Comments:                                      |
|--|
| Circle working sately Truck + took in good condition |
|  |
| Job Site Findings Discussed With Crew: YES NO        |
| Corrective Actions Needed: Yes No                    |
| If Corrective Actions Taken Explain In Detail:       |
|  |
|  |
| Line Supervisor's Signature: <u>Chip Whieler</u>     |
| Inspector's Signature: Bill Mayber                   |
| Safety & Loss Control Coordinator Signature:         |
|  |

# RIGHT OF WAY FIELD INSPECTION FORM

| nspector: Bill Massey   |          | Date: 5-19-59 |                        |   |  |  |
|---|----------|---------------|------------------------|---|--|--|
| Position: Safety Instructor  Company: MAEC  Address: Louisville |          |               | Time: 1: 30 pm         |   |  |  |
|   |          |               | County: Trimble        |   |  |  |
|   |          |               | Location: Mother Ridge |   |  |  |
|   |          |               | Name of                | Contractor Observed:  |  |  |
| Phone#:   |          |               | <u>A+</u>              | 6   |  |  |
| Weather Conditions: 500   | ny       |               | Crew Me                | mbers:  |  |  |
| Job Description: Twee   | Trimen   | ing           |                        |   |  |  |
| PPE Being Used  | Yes      | No            | N/A                    | If NoCorrective Action Taken  |  |  |
| Hard hat  | i e      |               |                        |   |  |  |
| Safety glasses  |          | 1/            |                        | Explained need for eye prot   |  |  |
| Fall protection/harness   |          |               | 1                      | Total |  |  |
| Harness Attached to Boom  |          |               |                        |   |  |  |
| Ear Plugs/ Ear Muffs  | 7        | i             |                        | Discussed Safety  |  |  |
| Chaps   |          | 1             |                        | Issue   |  |  |
| Gloves  | v/       |               |                        |   |  |  |
| Work Area Protection  | Yes      | No            | N/A                    | If NoCorrective Action Taken  |  |  |
| Appropriate work signs  |          |               | W                      |   |  |  |
| Flagman required/used   |          |               | 1                      |   |  |  |
| Flag person properly equipped                                   | <i>d</i> |               | 1                      |   |  |  |
| Traffic cones in place  |          |               | 1/                     | <u>,                                     </u>   |  |  |
| Trucks Grounded   |          |               | 1                      |   |  |  |
| Truck Chocks Used   |          |               |                        | Explained Importance  |  |  |

| Public Hazards Present      |                      |          |  | · · · · · · · · · · · · · · · · · · ·  |
|-----------------------------|----------------------|----------|--|--|
| Gaff Guards on Hooks        |                      |          |  |  |
|                             |                      |          |  |  |
| Neda - 10                   |                      |          | Andrew Control of the |  |
| Notes/Comments:             |                      |          |  |  |
| Crew new                    | eds to we            | ecer cha | y5   |  |
| when out                    | ting on t            | he grow  | id.  |  |
| Need Sa                     |                      |          |  |  |
| Truck ne                    |                      |          |  |  |
| Job Site Findings Discusse  |                      |          | 0  |  |
| Corrective Actions Needed:  | : Yes No _           |          |  |  |
| If Corrective Actions Taken | Explain In Detail:   |          |  |  |
|                             |                      |          |  |  |
|                             |                      |          |  |  |
|                             |                      |          |  |  |
|                             |                      |          |  | ***************************************  |
|                             |                      |          |  |  |
|                             |                      |          |  | ***************************************  |
|                             | 0                    | 7        |  |  |
| Line Supervisor's Signature | : Komie Ol           | Benee    |  |  |
|                             |                      |          |  |  |
|                             | 100.1                |          |  |  |
| Inspector's Signature:      |                      |          |  |  |
|                             | (                    |          |  |  |
|                             |                      |          |  |  |
| Safety & Loss Control Coor  | rdinator Signature:_ | <u> </u> |  | MATERIAL DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DEL CONTRACTION DE LA C |
|                             | /                    | <i>/</i> |  |  |
|                             |                      |          |  |  |
|                             |                      |          |  |  |

Miscelaneous Observations

Shelby Energy Decals In Place Yes

No

N/A

If No--Corrective Action Taken



## **CO-OP CREW FIELD INSPECTION FORM**

| Inspector: Bill Mass         | Sy_  |    |          | -19-09                           |
|------------------------------|--|----|----------|----------------------------------|
| Position: Scholy Justo       | 1  |    |          | 200 qu                           |
| Position: See 1 Justin       | actor  |    |          |                                  |
| Company: KAFC                |  |    | Crew Me  | :<br>mbers:                      |
| Address:                     |  |    | . 1      | . ·                              |
| Louisville                   |  |    | Miko     | = Clart                          |
| Phone #: 502 - 523 =         | 5407   |    | ~        | - Clark<br>y Warford<br>- Thomas |
|                              | -  |    | Gari     | 1 Warford                        |
| Weather Conditions: Sum      | 1 id   |    | ~ . /    |                                  |
|                              | 7  |    | Dale     | - Thomas                         |
|                              |  |    |          |                                  |
|                              | American an an announcement announcement and and |    |          |                                  |
| Job Description:             |  |    |          |                                  |
| Install Service              | Pale   |    |          |                                  |
| + Servine                    | ·  |    |          |                                  |
| 7 30,000                     |  |    |          |                                  |
|                              |  |    |          |                                  |
| Energized Work Being Prefe   | ormed: VE  | :s | NO /     | Truck#'s 22 4 //                 |
| Lifetgized Work Being i Ter  | Jillied. IL                                      |    | 140      | Truck# 32571                     |
| Overhead Underg              | round  | V  | oltago 7 | 200                              |
| Overneau_/                   | jiounu   | v  | onage    |                                  |
| Job Briefing                 | Yes  | No | N/A      | If NoCorrective Action Taken     |
| Conducted before job & Signe | ed //  |    |          |                                  |
| Job procedure covered        | V  |    |          |                                  |
| Energy control procedure     | 1  |    |          |                                  |
| PPE used                     | 0  |    |          |                                  |
| Job hazards                  | 0  |    |          |                                  |
| Emergency procedures         | V  |    |          |                                  |
| Special precautions          | V  |    |          |                                  |
| Work Area Protection         | Yes  | No | N/A      | If NoCorrective Action Taken     |
| Appropriate work signs       |  |    |          |                                  |
| Flagman required             | <u> </u>   |    | 1        |                                  |
| Flag person used             |  |    | 1        |                                  |
| Flag person properly equippe | d  |    | 1/       |                                  |
| Traffic cones in place       |  |    | 1 1      |                                  |
| Trucks Grounded              |  |    | 12       |                                  |
| Truck Chocks Used            | 1  |    | T /      |                                  |
| Personal Protective Grounds  | -  |    |          |                                  |

| PPE Being Used           | Yes      | No | N/A | If NoCorrective Action Taken |
|--------------------------|----------|----|-----|------------------------------|
| Hard hat                 | <i>V</i> |    |     |                              |
| Safety glasses           | //       |    |     |                              |
| Rubber gloves            |          |    | 1   |                              |
| Rubber sleeves           |          |    | 1   |                              |
| FR Clothing              |          |    |     |                              |
| Fall protection          | 2        |    |     |                              |
| Rubber Goods Inspections | Yes      | No | N/A | If NoCorrective Action Taken |
| Gloves                   | <u>l</u> |    |     |                              |
| Sleeves                  | 1        |    |     |                              |
| Line hoses               |          |    | 1/  |                              |
| Blankets                 |          |    | 1   |                              |

| Notes/Comments:  |
|--|
| were being tollowed.                                     |
|  |
| Fruits + tools in good condition.                        |
| Fire ext. on Truct #11 needs to be mounted               |
| Job Site Findings Discussed With Crew: YES NO            |
| Corrective Actions Needed: Yes No                        |
| If Corrective Actions Taken Explain In Detail:           |
|  |
|  |
|  |
| Line Supervisor's Signature:                             |
| Inspector's Signature: Rell Mariey                       |
| Safety & Loss Control Coordinator Signature: Refl. Marle |
| Mar 15   |
|  |